ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

received
Jan 10, 2022

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Jan 10, 2022 Case Number: 22-76

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Jeremy Shapero

Premise Name: Pet Doctor on 1st and Glenn

Premise Address: 2661 N 1st Avenue

City: Tucson State: Az Zip Code: 85705

Telephone: (520) 497-6200

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Kristen Brown

Ad[redacted]

[redacted] St[redacted] Zip Co[redacted]

Home Telephone: _____ Cell Telephon[redacted]

**STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.*

C. PATIENT INFORMATION (1):

Name: Kelvin Brown

Breed/Species: Golden Lab Mix from Humane Society

Age: 10 Sex: Male Color: Blondish red w/ black

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Jeremy Shapero and his staff
Pet Doctor on 1st and Glen
5204976200

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Amanda Callaham (360) 527-5575

Angie Drake [redacted]

Veterinary Specialty Center of Tucson (520) 795-9955

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: [signature]

Date: 12-28-2021

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

I met with Jeremy Shapero for a quality of life consult for my dog, Kelvin. He was born very bow legged when I rescued him at 5 weeks. This dog was very healthy othen than the appearance of his back bow legs however he was still able to walk, run, jump, and play like a normal dog. He started getting weaker with his hind legs and would fall down occasionally when going for daily walks.

Jeremy Shapero suggested at the first appointment to operate on his right hip and it was quickly scheduled for 12/03/2021. During his surgery, Jeremy Shapero called me to approve doing a knee surgery instead of the original hip surgery, and since Kelvin was already on the operating table, I really had no choice but to approve whatever Jeremy Shapero suggested. After picking him up that evening, Kelvin was not allowed to bear weight on his right leg for 14 days which required me to hire sitters during the day so I could work. I followed the aftercare instructions very carefully, as this dog was the love of my life. When removing dressing after 3 days as instructed, the suture Jeremy used to close his incision had unravelled, which exposed the inside of his leg and hardware sticking through his skin. We spent hours trying to call Jeremy but ultimately had to just bring him in because nobody would answer the office phone or return our call. Jeremy stapled his wound and sent us home assuring everything was fine. We actually went to ER first but when told they were at capacity, Britney, Vet Tech said to drive to Jeremy's office and demand service, which is what I did.

After bringing Kelvin home again, we noticed the staples were popping off on the floor and the incision came apart again in less then 12 hours, so I was instructed by his staff to apply steri strips (which I had for my human patients) to keep the incision from opening. I was able to keep it closed until we felt a screw poking through his skin. Kelvin was in severe pain which Jeremy refused to treat with a narcotic. He only gave him Gabapentin and Meloxicam. After many phone calls with messages and texts I was finally able to bring Kelvin in for the screw, which Jeremy Shapero recommended having another surgery that same day for. He stated his x-ray machine was broken but again assured me that Kelvin would be fine and he would call me to get x-rays after it was repaired. This also never happened. He actually called the surgery a "blind" surgery but stated he has done over 100 and felt very confident.

We brought Kelvin home and the very next day (12/23), we called the office to report we could feel something poking through his leg right where the dressing started. Jeremy nor his staff answered my calls or texts until we brought him in to the ER Vet. They obtained his records from me and took an x-ray, which showed that the plate was bent and his leg was basically mutilated from how Jeremy Shapero cut his bone, which caused multiple fractures, and from inserting a bent piece of hardware. The ER vet told me that my dog was suffering and severely in pain, and that even if we amputated his leg, he still had no chance because of his left leg weakness and deformity from birth. Both doctors at the ER recommended euthanasia. Jermey Shapero would not return their calls either. In fact, the only time he called me back was the next morning at 9:15am complaining that he came to the office with his daughter on his day off to treat Kelvin. I still have all the texts I have sent to Romie, his vet tech and record of him never returing our calls. I notified him Kelvin was dead and I wanted him to give me back evey dime I had paid along with the cost of the ER visit and euthanasia. Jeremy stated he did not get any calls except the morning after Kelvin was dead blaming his

incompetent staff.

He also said corporate is working on a resolution to make me whole but again I never heard back from him or any corp people. I was told to file a claim by Gabe Hernandez which is what I am doing now. This doctor has no business practicing and since he has dissappeaared again, we are going forward to take him to court for severe neglect, hastening Kelvin's demise due to his poor surgical attempts, and leaving Kelvin in so much pain. I have been told by both ER docs and a personal vet friend that Kelvin had no chance to recover from 2 surgeries in 3 weeks at 10 years old. Now my baby is ashes all because I believed Jeremy Shapero's promise of a 95% better quality of life and that he would be able to run again. He is a coward hiding from everyone and this needs to be exposed to other pet owners as well as giving my money back and paying for the ER visit. I gave Jeremy a choice to either work with me or I will go public and sue him in court. Since he is playing the diasappearing act again, I feel I have no choice but to move forward by warning other pet owners. Please see the hundreds of texts with me begging for help and being ignored for 6 days after the 2nd mutilation of his leg. This is what I can remeber quickly to file this for an investigation. I am sure there is much more detail recorded.

February 3, 2022

In re: 22-76 (Jeremy Shapero)

To Whom it may Concern:

The following is my narrative statement in the above-referenced matter.

November 12, 2021
The client (Ms Brown) came in for an appointment for a quality-of-life evaluation for her 10-year -old neutered male chow mix, Kelvin. We had not seen Kelvin before. Kelvin's situation was pain in the hind legs in particular and decreased mobility. After performing a physical examination, arthritis was noted in the stifles, and muscle loss in the general hind limbs. I was not able to perform a standing evaluation of his hips as he was not willing to stand for his examination, though he was ambulatory.

Per discussion with the client, I evaluated that Kelvin had arthritis and joint problems, and I was suspicious of degenerative nerve conditions that could be affecting muscle mass in the hind legs. I noted that if the nerve degeneration was correct, this could be a progressive condition, but also noted that this was a speculative diagnosis with no effective test to verify. I discussed with the client whether they felt that Kelvin's condition was to a point of needing euthanasia, and discussed how I recommend evaluating quality of life. I also offered, to give her all options, the choice of working Kelvin up further to evaluate his musculoskeletal status, and then evaluate his situation. The client chose to evaluate, including radiographs and lab work (CBC, Chemistry, Coccidiomycosis testing). Radiographs of the pelvis revealed a bad hip, asymmetrically, and arthritis in the stifles. I discussed these findings with the owner and that if the hip was the source of such discomfort, being a unilateral problem, that this could potentially be fixed with an FHO, and discussed the surgery. I noted that this surgery would not return Kelvin to his baseline normal function, but given his muscle weakness and other arthritic ailments, could improve things at least. The client seemed happy with this idea, and looked forward to a possible surgery. When the lab results returned, I called the owner on November 18, 2021 to discuss the results, which were largely normal and valley fever negative. Based on these values I advised the owner that Kelvin would be a capable candidate to undergo anesthesia. The client said she would call back to schedule the procedure.

December 2, 2021
Kelvin presented for the scheduled FHO. As Kelvin was being prepped under anesthesia, my technician asked me to verify which leg we were operating on so she could begin shaving the surgical area. I said the left. She then asked again as the client had said the right leg was the leg to operate on at the time of drop off. I reviewed the rads, and noted that the hip in question was the left leg. I asked the technician to repeat the pelvic rads in case the rads had been mislabeled at the original appointment. The pelvic rads were repeated and were the same as the originals. I reevaluated Kelvin on the x-ray table, and noted drawer in the right stifle that was not noted when he was awake for the original examination. I asked the technicians to hold Kelvin where he was while I called the client. I explained the change in findings, and how the drawer noted in the right stifle was diagnostic for a cruciate ligament tear, which would be in conjunction with the DJD noted in the stifles. I noted that we could still address this as per the original intent of the FHO, as in we would be trying to improve Kelvin's skeletal apparatus to allow his limited muscles and nerves to have a better and less painful frame from which to function. I discussed that this procedure would have a markedly different recovery than the FHO, and outlined it with the assurance that a printout would be provided at the time of discharge for aftercare instructions. I also discussed the price difference of the procedure. I noted that Kelvin was anesthetized but that we had not yet begun any other work, and therefore

we could do this another day if desired or we could proceed with the new procedure, as the equipment was readily on hand. The client elected to proceed, and the surgery went smoothly.

December 6, 2021
Ranae (one of our receptionists) texted me (I was not working that day) to inform me of a voicemail from the client reporting that Kelvin's leg was just hanging, and that he had not been kennel rested. She asked if I wanted to see them or if they should go to an ER. I said that I would see them when I next worked (the 8th) if they would like, but if they needed more immediate attention, they should go to the ER. As concerns about finances were noted, I would consider a recheck at our clinic complimentary as a post-op visit, but if it was urgent then they should go to the ER. Romy (our hospital manager at the time) texted me a photo of Kelvin's leg, seemingly taken at Kelvin's home, asking if the leg looked ok and if she should use cold compresses. I responded that the incision site looked fine, but a little swollen, and that therefore cold compresses would be appropriate - up to five minutes at a time, up to every two hours. Contrary to what was alleged in the voicemail that hardware was sticking out, no hardware or any subdermal features were appreciated.

December 7, 2021
Kelvin was brought to the clinic to address a dehiscence, and Romy applied staples to the site (under supervision of Dr. Pike) to close the area, until Kelvin could be evaluated the next day. Radiographs were performed to evaluate the status of the limb.

December 8, 2021
The client did not show up for their scheduled appointment. When called, they said they didn't realize they were still scheduled after the previous day, and scheduled an appointment for the next morning.

December 9, 2021
Kelvin was presented as a drop-off patient for evaluation. The incision site was intact, and swelling had reduced compared to the photo from earlier in the week. Evaluation of the stifle was normal, and he was able to walk on the leg, though some knuckling was present. Ambulation improved and knuckling reduced when the sling used to support him was minimized. Radiographs of the stifle were performed to check the integrity of the site and apparatus. The stifle and hardware appeared to be in good condition, with some swelling of the soft tissues appreciable compared to the non-surgical leg, though swelling had been superficially appreciated. These evaluations were all discussed with the client over the phone once evaluation was complete. The client noted that Kelvin seemed weak, and was doing "splits" on the floor. I indicated that the surgery should not have caused nerve problems. If he was now splaying out, this could cause obturator nerve damage, and create a new problem. We also discussed trying to decrease the frequency gabapentin was being used, in case this was causing nerve inhibition to a detrimental level, from TID to BID, with the possibility of SID or none. It was also noted that Kelvin was splaying out on smooth floors, and I suggested increasing his traction resources, as with rugs.

December 21, 2021
Since I was off on this day, I messaged Romy to inquire if there had been any news on Kelvin, since nothing had been heard since the 9th. Romy then forwarded me screenshots of some very hostile emails from the owner accusing us of ignoring her calls and outreach. The owner indicated that Kelvin's incision site had opened up again. Kelvin was already scheduled to come in the next day. I noted that if the hardware was exposed that this was a major problem, and that we would need to start aggressive antibiotics. I asked that Dr. Pike calculate a dose for enrofloxacin.

December 22, 2021

I met with the client to evaluate Kelvin. The incision site was completely healed over with healthy, albeit very bruised, skin. The staples were no longer present, however. A bulging was easily appreciable from the site of the swelling, and upon gentle examination it was easy to tell that the bulging was a screw just distal to the stifle, and that the screw was very loose. The bruising around the site was very likely secondary to local irritation from the loose screw. Upon further gentle palpation and manipulation, the stifle flexed and extended normally and with minimal discomfort induced, and there was no laxity appreciated in the tibia in the sagittal or transverse planes. I explained that a screw had come loose, and that this was the cause of the swelling and bruising, but that the rest of the surgery site seemed intact.

I also recommended that I could not verify this superficially, but that a radiograph could. Unfortunately, our radiograph machine was down at the moment, but the part to repair it was due in about two hours. I told the owner that if all this was just a screw that needed to be replaced, we could fix that easily. If there was more to it than that, we would discuss the radiograph findings and their significance at the time. The client consented to letting us admit Kelvin for the intended repair.

The part for the x-ray unit arrived around 11:30 that morning. The regularly scheduled surgeries for the day were performed while Romy worked to repair the machine. By 1:30 it had become clear that this part replacement was not going to repair the machine. As a result, I called the client when the normally scheduled surgeries were completed to update her about the inability to get the x-ray unit working. We discussed how to proceed. I noted that what we knew was that a screw was nearly out, and as there were only two screws on either side of the osteotomy, this was potentially catastrophic to the apparatus, if it wasn't already. It was discussed whether to take Kelvin to another clinic to have radiographs performed, or if a mobile unit could be provided. I indicated that he could be taken to another clinic, but also that at that point in the day, I could not guarantee that an operation would be undertaken immediately to correct anything, and that the longer the screw was left loose, the site was at grave risk.

Ultimately, the owner elected to proceed with surgery at our clinic to replace the screw and visually assess the site for other compounding factors, and if nothing was noted then rads could be conducted as soon as the machine was repaired, or at another clinic if needed urgently.

During surgery, the loose screw was beneath the skin, subcutaneous tissue, and a muscle, thus not having protruded at any point. The screw was nearly completely out of the bone, and removed. As it was a locking screw in the osteotomy, a longer cortical screw was used to replace it. The apposition of the osteotomy and diaphysis were seen to be intact, the plate was snug to the bone, and there were no other changes to the site and hardware noted on visual assessment. The site was closed routinely and bandaged. The client was called post-op to relay all of this, and reiterate that if something was not right in the coming days, to seek rads immediately, otherwise we would resume Kelvin's recovery from the start.

December 28, 2021
In the afternoon, toward what would be the end of business hours, I was messaged by Ranae that Kelvin's owner was again sending hostile messages. I was on vacation all this week but I said that I would come in the next morning to call her.

December 29, 2021
I went in to the clinic to reach out to the client. I called the owner, and over several phone calls (she hung up on me initially but then called back), learned that Kelvin had been euthanized because the apparatus had allegedly failed. I eventually got records as she told me where he had been taken, but did not receive the rads - the clinic inadvertently sent us our own rads from early December instead of their own from the day before. The report, of what I received, did note apparatus failure and a bent plate. The bent plate was significant to me because it indi-

cated new damage, but I could not verify this. In conversation, the client demanded she be refunded, and I expressed my sympathies for the situation, to which the client was not receptive.

I called the emergency clinic to attempt to speak with the veterinarian on the case to better understand what had happened, but never received a call from any veterinarian on staff.

January 4, 2022
I received the radiographs from the emergency clinic Kelvin had been taken to. The screw that I had replaced was backing out, but had not yet reached the point of the first one. The osteotomy was not apposed to the diaphysis anymore, but the plate was not bent. I suspect the bend noted in the report was merely the normal contour of the plate.

In conclusion, I stand behind the veterinary care provided in this case. I have performed roughly 100 of these procedures without the type of complication experienced by this patient. I suspect that the most likely cause of these complications was the owner's failure to follow aftercare instructions. Specifically that she keep the dog confined and not able to lick the incision, which is the most common cause of infection and dehiscence.

Jeremy Shapero, DVM

DOUGLAS A. DUCEY
- GOVERNOR -

VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair
Christina Tran, DVM
Carolyn Ratajack
Jarrod Butler, DVM
Steven Seiler

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Marc Harris, Assistant Attorney General

RE: Case: 22-76
Complainant(s): Kristen Brown
Respondent(s): Jeremy Shapero, D.V.M. (License: 7407)

SUMMARY:
Complaint Received at Board Office: 1/10/22
Committee Discussion: 6/7/22
Board IIR: 7/20/22

APPLICABLE STATUTES AND RULES:
Laws as Amended August 2018 (Lime Green); Rules as Revised September 2013 (Yellow).

On November 12, 2021, "Kelvin," a 10-year-old Golden/Lab mix was presented to Respondent for quality of life evaluation due to pain and decreased mobility in the hind end. After exam and discussion, it was determined the dog may benefit from a FHO surgery.

On December 2, 2021, the dog was presented to Respondent for a FHO procedure. While re-evaluating the dog, Respondent identified the dog had a ruptured cranial cruciate in the right stifle; TPLO surgery was performed instead of the FHO.

On December 7, 2021, the dog was seen for incision dehiscence; staples were placed.

On December 22, 2021, the dog was presented to Respondent for a recheck. Respondent noted a loose screw which was causing swelling and bruising. Surgery was performed that day to replace the loose screw.

On December 28, 2021, the dog was presented to an emergency facility due to concern of infection of a surgical implant. The emergency veterinarian suspected non-union fracture of the surgical site, damaged orthopedic plate, and rejection of orthopedic screw. Complainant elected to humanely euthanize the dog.

Complainant was noticed and did not appear.
Respondent was noticed and appeared telephonically. Attorney David Stoll appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Kristen Brown*
- Respondent(s) narrative/medical record: *Jeremy Shapero, DVM*
- Consulting veterinarian(s) narrative/medical record: *VSCOT*

PROPOSED 'FINDINGS of FACT':

1. On November 12, 2021, the dog was presented to Respondent for a quality of life consultation. Complainant reported that the dog was healthy other than his bowed back legs. The dog was becoming weaker in the hind end and would occasionally fall on his daily walks. Complainant wanted to explore options and if surgery was needed, would it be worth it. The dog was currently taking gabapentin, meloxicam, glucosamine and fish oil. Upon exam, the dog had a weight = 74.6 pounds (overweight), a temperature = 100.3 degrees, a pulse rate = 120bpm and a respiration rate = 40+rpm. Respondent noted that the dog had decreased muscle mass in the hind legs, right rear leg was severely toed-in, and there was marked buttressing of the right rear leg. His assessment was hip dysplasia, suspected degenerative myelopathy, osteoarthritis, and overweight. Respondent recommended blood work and radiographs and an estimate was provided for the recommended services.

2. On November 15, 2021, the dog was presented to Respondent for radiographs and blood work. According to Respondent, he discussed the radiographic findings with Complainant. Radiographs of the pelvis revealed a bad hip, asymmetrically, and arthritis in the stifles. He explained that if the hip was the source of discomfort, being a unilateral problem, this could potentially be fixed with an FHO (femoral head ostectomy) – therefore surgery was discussed. Respondent stated that surgery would not return the dog to his baseline normal function, but given his muscle weakness and other arthritic ailments, it could improve his current condition. Complainant was satisfied with this idea.

3. On November 18, 2021, Respondent's associate Dr. Pike left a message with Complainant with the blood results. She stated that if the medication was no longer helping and if it was difficult to manage the dog, then euthanasia was not a bad option. Dr. Pike relayed that the dog likely had degenerative myelopathy which has no cure and minimal treatment.

4. According to Respondent, he called Complainant with the lab results, which were largely normal and Valley Fever negative. The dog would be a capable candidate to undergo anesthesia. Complainant stated she would call back to schedule the procedure.

5. Abnormal blood results:

Creatinine	*1.8*	*0.5 – 1.6*
Potassium	*5.8*	*3.6 – 5.5*
Eosinophils	*1276*	*0 – 1200*

6. On November 23, 2021, Complainant called Respondent to relay that she was interested in scheduling the FHO.

7. On November 29, 2021, the dog was presented to the premises to be vaccinated. The FHO surgery was scheduled for December 2, 2021.

8. On December 2, 2021, the dog was presented to Respondent for a FHO surgery. Complainant reported that the dog had his dose of gabapentin and meloxicam that morning. Upon exam, the dog had a weight = 73.6 pounds, a temperature = 102.1 degrees, a pulse rate = 140bpm, and a respiration rate = 40rpm. An IV catheter was placed and the dog was started on IV fluids (type unknown); pre-medicated with atropine 3.0mLs SQ; induced with ketamine 100mg/mL/valium 5mg/mL - 3.0mLs IV; and maintained on isoflurane and oxygen. The dog was administered Pen G 3.0mLs SQ (concentration unknown).

9. Respondent stated in his narrative that staff asked which leg to prep for surgery; Respondent stated left. However, Complainant stated right leg therefore Respondent had staff repeat radiographs to confirm. He also re-evaluated the dog and noted drawer in the right stifle that was not felt when the dog was evaluated while awake at the original exam. Respondent called Complainant to advise her of the new findings and how the drawer in the right stifle was diagnostic for cruciate ligament tear which would be in conjunction with the degenerative joint disease in the stifles. He recommended a TPLO surgery of the right stifle and provided Complainant with the recovery and cost differences. Respondent stated that he also offered to postpone the procedure to another day or proceed with the TPLO; Complainant elected to proceed. Surgical description:

A ~10cm incision was made over the medial aspect of the left stifle with a #15 blade. Skin bleeders were controlled with electrocautery. The tissue was then debrided to the necessary level with sharp and blunt dissection, being careful to identify the collateral ligament. Once the necessary landmarks were exposed and adequate tibial exposure was completed, the joint was accessed via a stab incision with cautery and opened with gelpis. The joint was exposed, and the damaged cruciate ligament was removed as needed. The medial meniscus was not damaged, and thus was not removed. The joint was then closed with 0 MOS in a cruciate pattern. With the arthrotomy done, the TPLO jig was placed with pins in the proximal and distal tibia. Predetermined measurements were marked on the tibia to determine placement of the saw with cautery. The osteotomy was then begun with the 24mm saw, with the patellar tendon held out of the way with Senn retractors. An assistant provided flush to the site while the saw was cutting. Once the cut was begun, cutting was stopped, and the periosteum around the cut was elevated. Marks were placed on the bone to mark the rotation distance with an osteotome. The osteotomy was then completed. A pin was placed into the osteotomy for rotational leverage, and the lines were aligned. A pin was then drilled into the tibial tuberosity to hold the osteotomy in its new orientation, and a bone clamp was place for additional support. The plate was then sized to the bone and fixed into place with temporary pins proximal and distal to the cut. The drill guide was screwed into place for the proximal-most hole and drilled with a 2.8mm bit for a locking screw. The guide was then removed, and the site was measured with a depth gauge, and an appropriately sized locking screw was mechanically drilled into

place but not tightly. A hole was then drilled into the proximal-most site distal to the osteotomy with a 2.5mm bit, for a cortical screw, in a compressing manner. The hole was similarly measured with a depth gauge and an appropriately sized screw was manually placed. The locking screw was manually tightened. At this point the temporary pins were removed, including the one through the tibial tuberosity, and the bone clamp. The remaining cortical screw site was similarly placed to the first, also in a compressing manner. Only one additional locking screw was placed in the osteotomy in the same fashion as the first. The other two were omitted based on visual factors of the bone – location proximally and proximately to cortical screws distally so as to avoid a longitudinal fracture. The muscle and fascial tissue was then closed over the plate in a series of cruciate suture of O MDS. The subcutaneous tissue was closed with a simple continuous pattern of O MDS, and the skin was closed with a Ford interlocking pattern of 2-0 MDS. After surgery was completed, radiographs of the stifle were taken to confirm that the screws were appropriately placed (not in the joint or crossing the osteotomy) and were of appropriate length. The TPA was remeasured and found to be 6.4 degrees.

10. The dog was discharged later that day with discharge instructions, TPLO after care, and the following medications:
    a. Cefopodexime 200mg, 7 tablets; give one tablet once a day orally; and
    b. Meloxicam 7.5mg, 60 tablets; give ½ - 1 tablet orally once a day as needed for pain (call in to Cosco).

11. On December 6, 2021, Complainant left a message reporting the dog's leg was flopping. Technical staff member, Romy, was in contact with Respondent – he recommended kennel rest, continuing the medication and bring the dog in to be seen on 12/8. Romy was told by Complainant that she was not kenneling the dog; he has been running and jumping without supervision. Complainant agreed to bring the dog in on 12/8.

12. Complainant called again reporting she took the bandage off and there was an opening in the incision. Romy explained that Respondent's associate did not feel comfortable evaluating the dog therefore continue confinement and bring the dog in on 12/8. Complainant stated that she placed steri-strips on the opening and rewrapped the dog's leg. She relayed that there was no redness or swelling of the affected joint and would send pictures for Respondent.

13. On December 7, 2021, the dog was presented to Respondent's premises for radiographs and to repair the incision dehiscence. Respondent was not in that day therefore Romy, under Respondent's associate's supervision (Dr. Pike) placed staples to the incision. Radiographs were taken and sent to Respondent for review. The pet owner (Complainant's daughter) was instructed to bring the dog back the following day for Respondent to examine the dog.

14. On December 8, 2021, Complainant did not bring the dog in for Respondent to examine. She was called and did not understand why she the needed to return since he was there the day before. Complainant wanted to speak with Respondent and reported that the dog's bandage fell off already. Respondent attempted to return Complainant's call; he had to leave a message.

15. On December 17, 2021, Complainant left a voicemail stating she requested a refill of meloxicam a week ago. They had record that a refill request was called in on 12/3. Costco confirmed they did not receive the voicemail. Respondent's staff requested they fill the medication with one refill.

16. On December 20, 2021, Complainant texted the premises stating that after the placement of staples, they all fell out except for two and the original suture continued to unravel leaving a big string. Since she never heard back from Respondent or the premises, she did the best she could. Complainant further stated that the dog could not walk and knuckled on both feet. Additionally she did not get the medical records or radiographs as requested. Complainant wanted to know if she would be able to speak with Respondent at the suture removal as she was concerned that the dog was not walking. If she had to go to an emergency facility, Complainant felt Respondent should pay for the visit.

17. Premises staff returned Complainant's text message advising that Respondent could see the dog on 12/22. She was told that Respondent had spoken to someone about the dog's care and also left a voicemail.

18. On December 21, 2021, Complainant texted that there was a pin protruding from the dog's skin. They had complied with the aftercare instructions except for the physical therapy. The dog was painful. Complainant expressed her frustration that Respondent had not returned her call and was concerned that he was not getting her messages. Staff ensured her that Respondent was receiving her multiple messages.

19. That afternoon Complainant again texted the premises stating she was having an emergency with the dog and requested a call. Since no one called Complainant again texted saying she was taking the dog to an emergency facility and she expected Respondent to pay for the visit due to neglect and no return call. Respondent's staff messaged back that if Complainant took the dog to an emergency facility, it would be at her own cost. However, Respondent ordered antibiotics for the dog which could be picked up that day and Respondent would see the dog the following day. Complainant texted several more times to express her dissatisfaction with their services.

20. On December 22, 2021, the dog was presented to Respondent. Respondent met with Complainant at length following hostile emails (texts). Despite Complainant's claims of incision dehiscence, the incision was completely and well healed, although a screw was palpably quite loose and protruding. There was marked bruising of the site but no discharge. Respondent discussed with Complainant that they knew going into the procedure that the dog had nerve problems, they could attempt to repair or they may have to consider the dog's quality of life. Complainant wanted to try surgery.

21. Respondent advised Complainant that x-ray machine was not currently working but was hopeful it would be fixed later that day to be able to fully evaluate the dog's leg. Later that day, Respondent called Complainant to let her know that it was likely that the x-ray machine would not be repaired that day. He offered to wait to do the procedure, have the radiographs

performed at another premises, or proceed with without radiographs. Complainant elected to proceed with the surgery.

22. Respondent examined the dog; an IV catheter was placed – unknown if fluids were started; atropine was administered and the dog was induced with ketamine and valium. Respondent repaired the pin rejection:

> *A ~10cm incision was made proc-distal along the stifle, medially, and the loose screw was exposed. The screw was easily removed with two manual twists. Respondent could not get the depth gauge to measure the length of the hole, so the screw was measured to be 40mm. He replaced the locking screw with a 44mm cortical screw. Respondent exposed more of the plate to evaluate it and the other screws and osteotomy site visually and manually, testing the bone/joint as well, and all seemed well. No fluid was noted in any location, just bruising. The deep tissue was closed with 0 MSA in a cruciate pattern, the SQ with simple continuous, and the skin with Ford interlocking.*

23. The dog was discharged with cefpodaxime 200mg, instructions to remove the bandage in 5 – 7 days, and suture removal in 14 days – recheck radiographs at that time.

24. On December 28, 2021, Complainant texted the premises stating that the pin was coming out again. She texted multiple times within an hour. Premises staff advised that their x-ray machine was still not working but the other location could help her. Complainant took the dog to an emergency facility instead.

25. The dog was presented to Veterinary Specialty Center of Tucson with concerns of an infection of a surgical implant. The dog had a diminished appetite. Dr. Snyder noted the surgical incision was draining on medial aspect and appears to be healing adequately. There was moderate erythema around incision and caudal to incision. Additionally, there were two small puncture wounds present caudal to incision with firm protuberance deep to the distal wound. Radiographs were performed and a non-union fracture of the surgical site was suspected, as well as a damaged orthopedic plate and rejection of orthopedic screw. The findings were discussed with Complainant along with possible treatment options. Complainant had financial constraints and the dog had a history of other mobility issues therefore humane euthanasia was elected.

26. The following day, Respondent called Complainant after receiving information that Complainant was again sending hostile messages the previous day. Complainant reported the dog had been euthanized due to implant failure.

27. In January, Respondent reviewed the radiographs and did not agree with Dr. Snyder's interpretation of them and stood behind the care that he provided.

COMMITTEE DISCUSSION:

The Committee discussed that the dog had multiple issues and identifying the cruciate tear

was ideal – it is common to not be able to palpate a cruciate ligament tear until an animal is sedated. The procedure was reviewed by Dr. Moore and deemed proper; the Committee did not understand the emergency veterinarian's assessment that the TPLO plate was bent because the plate for this type of surgery usually is bent to conform to the confirmation of the bone. Additionally, the Committee discussed that it seemed obvious that the reason the screw became loose was due to the dog not being confined to the degree that it should have been. The TPLO discharge instructions were thorough and made it clear the dog needed to be completely confined. The Committee noted that Complainant and a witness did not comment on how the dog was confined. The lack of confinement likely led to the loosening of the screw and the subsequent complications that occurred.

The Committee felt Respondent spoke with Complainant and explained what needed to be done; a dehiscence occurred, which can happen, however, it did not affect the outcome.

One Committee member did not feel it was appropriate for Respondent to move forward with the TPLO due to the extensiveness of the surgery compared to a FHO. The FHO itself was questionable based on the size of the dog and the condition of the opposite hip and knee. However, it would not matter how skilled the surgeon was, if the dog was not properly restrained/confined, the surgery would not be successful. The Committee did not feel the decision to go into the surgery rose to the level of a violation.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division

BEFORE THE ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

IN THE MATTER OF: **JEREMY SHAPERO, DVM** HOLDER OF LICENSE NO. 7407 FOR THE PRACTICE OF VETERINARY MEDICINE IN THE STATE OF ARIZONA, **RESPONDENT.**	**CASE NO.: 22-76** **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER**

The Arizona State Veterinary Medical Examining Board ("Board") considered this matter at its public meeting on August 17, 2022. Jeremy Shapero, DVM ("Respondent") appeared on his own behalf and represented by attorney, W. Reed Campbell, for an Informal Interview that was held pursuant to the authority vested in the Board by A.R.S. § 32-2234(A). After due consideration of the evidence, the arguments and the applicable law, the Board voted to issue the following Findings of Fact, Conclusions of Law and Order ("Order").

FINDINGS OF FACT

1. Respondent is the holder of License No. 7407 and is therefore authorized to practice the profession of veterinary medicine in the State of Arizona.

2. On November 12, 2021, "Kelvin," a 10-year-old Golden/Lab mix was presented to Respondent for quality of life evaluation due to pain and decreased mobility in the hind end. Complainant reported that the dog was healthy other than his bowed back legs. The dog was becoming weaker in the hind end and would occasionally fall on his daily walks. Complainant wanted to explore options and if surgery was needed, would it be worth it. The dog was

currently taking gabapentin, meloxicam, glucosamine and fish oil. Upon exam, the dog had a weight = 74.6 pounds (overweight), a temperature = 100.3 degrees, a pulse rate = 120bpm and a respiration rate = 40+rpm. Respondent noted that the dog had decreased muscle mass in the hind legs, right rear leg was severely toed-in, and there was marked buttressing of the right rear leg. His assessment was hip dysplasia, suspected degenerative myelopathy, osteoarthritis, and overweight. Respondent recommended blood work and radiographs and an estimate was provided for the recommended services.

3. On November 15, 2021, the dog was presented to Respondent for radiographs and blood work. According to Respondent, he discussed the radiographic findings with Complainant. Radiographs of the pelvis revealed a bad hip, asymmetrically, and arthritis in the stifles. He explained that if the hip was the source of discomfort, being a unilateral problem, this could potentially be fixed with an FHO (femoral head ostectomy) – therefore surgery was discussed. Respondent stated that surgery would not return the dog to his baseline normal function, but given his muscle weakness and other arthritic ailments, it could improve his current condition. Complainant was satisfied with this idea.

4. On November 18, 2021, Respondent's associate Dr. Pike left a message with Complainant with the blood results. She stated that if the medication was no longer helping and if it was difficult to manage the dog, then euthanasia was not a bad option. Dr. Pike relayed that the dog likely had degenerative myelopathy which has no cure and minimal treatment.

5. According to Respondent, he called Complainant with the lab results, which were largely normal and Valley Fever negative. The dog would be a

capable candidate to undergo anesthesia. Complainant stated she would call back to schedule the procedure.

6. On November 23, 2021, Complainant called Respondent to relay that she was interested in scheduling the FHO.

7. On November 29, 2021, the dog was presented to the premises to be vaccinated. The FHO surgery was scheduled for December 2, 2021.

8. On December 2, 2021, the dog was presented to Respondent for a FHO surgery. Complainant reported that the dog had his dose of gabapentin and meloxicam that morning. Upon exam, the dog had a weight = 73.6 pounds, a temperature = 102.1 degrees, a pulse rate = 140bpm, and a respiration rate = 40rpm. An IV catheter was placed and the dog was started on IV fluids; pre-medicated with atropine 3.0mLs SQ; induced with ketamine 100mg/mL/valium 5mg/mL - 3.0mLs IV; and maintained on isoflurane and oxygen. The dog was administered Pen G 3.0mLs SQ.

9. Respondent stated in his narrative that staff asked which leg to prep for surgery; Respondent stated left. However, Complainant stated right leg therefore Respondent had staff repeat radiographs to confirm. He also re-evaluated the dog and noted drawer in the right stifle that was not felt when the dog was evaluated while awake at the original exam. Respondent called Complainant to advise her of the new findings and how the drawer in the right stifle was diagnostic for cruciate ligament tear which would be in conjunction with the degenerative joint disease in the stifles. He recommended a TPLO surgery of the right stifle and provided Complainant with the recovery and cost differences. Respondent stated that he also offered to postpone the procedure

to another day or proceed with the TPLO; Complainant elected to proceed. Complainant denies that she was offered postponement of the procedure.

10. The dog was discharged later that day with discharge instructions, TPLO after care, and the following medications:

a. Cefopodexime 200mg, 7 tablets; give one tablet once a day orally; and

b. Meloxicam 7.5mg, 60 tablets; give ½ - 1 tablet orally once a day as needed for pain (call in to Costco).

11. On December 6, 2021, Complainant left a message reporting the dog's leg was flopping. Technical staff member, Romy, was in contact with Respondent – he recommended kennel rest, continuing the medication and bring the dog in to be seen on 12/8. Romy was told by Complainant that she was not kenneling the dog; he has been running and jumping without supervision. Complainant agreed to bring the dog in on 12/8. Complainant denies this allegation.

12. Complainant called again reporting she took the bandage off and there was an opening in the incision. Romy explained that Respondent's associate did not feel comfortable evaluating the dog therefore continue confinement and bring the dog in on 12/8. Complainant stated that she placed steri-strips on the opening and rewrapped the dog's leg. She relayed that there was no redness or swelling of the affected joint and would send pictures for Respondent.

13. On December 7, 2021, the dog was presented to Respondent's premises for radiographs and to repair the incision dehiscence. Respondent was not in that day therefore Romy, under Respondent's associate's supervision (Dr. Pike)

placed staples to the incision. Radiographs were taken and sent to Respondent for review. The pet owner (Complainant's daughter) was instructed to bring the dog back the following day for Respondent to examine the dog.

14. On December 8, 2021, Complainant did not bring the dog in for Respondent to examine. She was called and did not understand why she the needed to return since he was there the day before. Complainant wanted to speak with Respondent and reported that the dog's bandage fell off already. Respondent attempted to return Complainant's call; he had to leave a message.

15. On December 17, 2021, Complainant left a voicemail stating she requested a refill of meloxicam a week ago. They had record that a refill request was called in on 12/3. Costco confirmed they did not receive the voicemail. Respondent's staff requested they fill the medication with one refill.

16. On December 20, 2021, Complainant texted the premises stating that after the placement of staples, they all fell out except for two and the original suture continued to unravel leaving a big string. Since she never heard back from Respondent or the premises, she did the best she could. Complainant further stated that the dog could not walk and knuckled on both feet. Additionally, she did not get the medical records or radiographs as requested. Complainant wanted to know if she would be able to speak with Respondent at the suture removal as she was concerned that the dog was not walking. If she had to go to an emergency facility, Complainant felt Respondent should pay for the visit.

17. Premises staff returned Complainant's text message advising that Respondent could see the dog on 12/22. She was told that Respondent had spoken to someone about the dog's care and also left a voicemail.

18. On December 21, 2021, Complainant texted that there was a pin protruding from the dog's skin. They had complied with the aftercare instructions except for the physical therapy. The dog was painful. Complainant expressed her frustration that Respondent had not returned her call and was concerned that he was not getting her messages. Staff ensured her that Respondent was receiving her multiple messages.

19. That afternoon Complainant again texted the premises stating she was having an emergency with the dog and requested a call. Since no one called Complainant again texted saying she was taking the dog to an emergency facility and she expected Respondent to pay for the visit due to neglect and no return call. Respondent's staff messaged back that if Complainant took the dog to an emergency facility, it would be at her own cost. However, Respondent ordered antibiotics for the dog which could be picked up that day and Respondent would see the dog the following day. Complainant texted several more times to express her dissatisfaction with their services.

20. On December 22, 2021, the dog was presented to Respondent. Respondent met with Complainant at length following hostile emails (texts). Despite Complainant's claims of incision dehiscence, the incision was completely and well healed, although a screw was palpably quite loose and protruding. There was marked bruising of the site but no discharge. Respondent discussed with Complainant that they knew going into the procedure that the

dog had nerve problems, they could attempt to repair or they may have to consider the dog's quality of life. Complainant wanted to try surgery.

21. Respondent advised Complainant that x-ray machine was not currently working but was hopeful it would be fixed later that day to be able to fully evaluate the dog's leg. Later that day, Respondent called Complainant to let her know that it was likely that the x-ray machine would not be repaired that day. He offered to wait to do the procedure, have the radiographs performed at another premises, or proceed with without radiographs. Complainant elected to proceed with the surgery.

22. Respondent examined the dog; an IV catheter was placed – unknown if fluids were started; atropine was administered and the dog was induced with ketamine and valium. Respondent repaired the pin rejection.

23. The dog was discharged with cefpodaxime 200mg, instructions to remove the bandage in 5 – 7 days, and suture removal in 14 days – recheck radiographs at that time.

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25. The dog was presented to Veterinary Specialty Center of Tucson with concerns of an infection of a surgical implant. The dog had a diminished appetite. Dr. Snyder noted the surgical incision was draining on medial aspect and appeared to be healing adequately. There was moderate erythema around incision and caudal to incision. Additionally, there were two small

puncture wounds present caudal to incision with firm protuberance deep to the distal wound. Radiographs were performed and a non-union fracture of the surgical site was suspected, as well as a damaged orthopedic plate and rejection of orthopedic screw. The findings were discussed with Complainant along with possible treatment options. Complainant had financial constraints and the dog had a history of other mobility issues therefore humane euthanasia was elected.

26. The following day, Respondent called Complainant after receiving information that Complainant was again sending hostile messages the previous day. Complainant reported the dog had been euthanized due to implant failure.

27. The Board did not believe that the orthopedic plates were damaged; the plates are made to conform to the animal's bone.

28. The Board determined that Respondent did not meet professional acceptable procedures by not discussing the dog's multiple concerning conditions with Complainant which could impact the dog's recovery and prognosis after orthopedic surgery.

CONCLUSIONS OF LAW

29. The conduct and circumstances described in the Findings of Fact above, constitutes a violation of **A.R.S. § 32-2232 (12)** as it relates to **A.A.C. R3-11-501 (1)** failure to provide professionally acceptable procedures by not fully educating the pet owner on the dog's multiple conditions, what surgical techniques were going to entail and their prognosis.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law it is **ORDERED** that Respondent's License, No. 7407 be placed on **PROBATION** for a period of one (1) year, subject to the following terms and conditions that shall be completed within the Probationary period. These requirements include six (6) total hours of continuing education (CE) detailed below:

1. **IT IS ORDERED THAT** Respondent shall provide written proof satisfactory to the Board that he has completed six (6) hours of continuing education (CE); hours earned in compliance with this order shall not be used for licensure renewal. Respondent shall satisfy these six (6) hours by attending CE in the area of client communication. Respondent shall submit written verification of attendance to the Board for approval.

2. **All continuing education to be completed for this Order shall be pre-approved by the Board.** Respondent shall submit to the Board a written outline regarding how he plans to satisfy the requirements in paragraph 1 for its approval within sixty (60) days of the effective date of this Order. The outline shall include **CE course details** including, **name, provider, date(s), hours of CE** to be earned, and a **brief course summary.**

3. Respondent shall obey all federal, state and local laws/rules governing the practice of veterinary medicine in this state.

4. Respondent shall bear all costs of complying with this Order.

5. This Order is conclusive evidence of the matters described and may be considered by the Board in determining an appropriate sanction in the event a subsequent violation occurs. In the event Respondent violates any term of this Order, the Board may, after opportunity for Informal Interview or Formal

Hearing, take any other appropriate disciplinary action authorized by law, including suspension or revocation of Respondent's license.

NOTICE OF APPEAL RIGHTS

Respondent is hereby notified that he has the right to request a rehearing or review of the Order by filing a motion with the Board's Executive Director within 30 days after service of this Order. Service of the Order is effective five days after the date of mailing to Respondent. *See* A.R.S. § 41-1092.09. The motion must set forth legally sufficient reasons for granting a rehearing or review. A.A.C. R3-11-904. If a motion for rehearing or review is not filed, the Board's Order becomes final 35 days after it is mailed to Respondent. Respondent is further notified that failure to file a motion for rehearing or review has the effect of prohibiting judicial review of the Order, according to A.R.S. § 41-1092.09(B) and A.R.S. § 12-904, et seq.

Dated this 7th day of October, 2022.

Arizona State Veterinary Medical Examining Board
Jessica Creager
Chairperson

By: Victoria A Whitmore
Victoria Whitmore, Executive Director

Original of the foregoing filed this 7th day of October, 2022 with the:

Arizona State Veterinary
Medical Examining Board
1740 W. Adams St., Ste. 4600
Phoenix, Arizona 85007

Copy of the foregoing sent by certified, return receipt mail this 7th day of October, 2022 to:

Jeremy Shapero, DVM
Address on file
Respondent

By: _____
Board Staff

DOUGLAS. A DUCEY
GOVERNOR

VICTORIA WHITMORE
EXECUTIVE DIRECTOR

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007
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IN ACCORDANCE WITH § A.R.S. 32-2237(D): "IF THE BOARD REJECTS ANY RECOMMENDATION CONTAINED IN A REPORT OF THE INVESTIGATIVE COMMITTEE, IT SHALL DOCUMENT THE REASONS FOR ITS DECISION IN WRITING."

At the August 17, 2022 meeting of the Arizona State Veterinary Medical Examining Board, the Board conducted an Informal Interview in Case 22-76, In Re: Jeremy Shapero, DVM.

The Board considered the Investigative Committee Findings of Fact, Conclusions of Law, and Recommended Disposition:

Dismiss this issue with no violation.

Following the informal interview with Respondent, the Board determined that Respondent's conduct fell below the standard of care by not communicating effectively with Complainant by not t fully educating the pet owner on the dog's multiple conditions, what surgical techniques were going to entail and their prognosis. The Board voted to find Dr. Shapero in violation of **ARS § 32-2232 (12)** as it relates to **AAC R3-11-501 (1)** failure to provide professionally acceptable procedures for the above mentioned reasons.

Respectfully submitted this 18th day of Sept, 2022.

Arizona State Veterinary Medical Examining Board

Jessica Creager

Jessica Creager, Chairperson